

**MEDICAL CERTIFICATION FOR  
ACCOMPANYING FAMILY MEMBERS**

FAMILY MEMBER'S NAME (LAST, FIRST, INITIAL)	DATE OF BIRTH
STUDENT'S NAME (LAST, FIRST, INITIAL)	RELATIONSHIP (SPECIFY)

1. In accordance with the United States Joint Security Assistance Training Regulation (JSAT), a medical screening must be accomplished prior to issuance of Invitational Travel Orders (ITO's) for all family members accompanying Dutch students to US Forces courses.
  
2. As such, a competent medical and dental officer **must certify, no more than three months before course report date**, that the family member:
  - a) has received a thorough physical examination, which includes a chest X-ray for tuberculosis, and screening for serologic evidence of Human Immunodeficiency Virus (HIV). Children aged 14 and younger do not require chest X-ray and HIV screening unless evidence of tuberculosis or HIV exists. X-rays are not required for expectant mothers or individuals who have undergone a chest X-ray within the last 12 months.
  - b) is free of communicable diseases or other medical or dental defects that must require treatment or hospitalization during training.
  - c) has received the complete immunizations prescribed by the US Public Health Service, as approved by the World Health Organization (WHO). Immunizations can be found @ <http://www.who.int/ith/english/table6.htm>.
  
3. Once certified, this document must be forwarded to: **Training Manager, Office of Defense Cooperation (ODC)-NL, Lange Voorhout 102, 2514 EJ The Hague, or faxed to 070-364-8330**. Failure to forward this form ***no later than 3 weeks prior to course start date*** will result in family member not being included on ITO's.
  
4. Student must carry family member copies of immunization records and physical examination, to include copy of medical certification, HIV test and radiology report of chest x-ray with them to supporting U.S. training installation.

**MEDICAL CERTIFICATION**

I examined specifically for evidence of the conditions listed above. My examination revealed:

- ☐ No apparent defect, disease, or disability.
- ☐ List any prescription drugs taken.
- ☐ No dental care is required for: caries, infection, or oral disease.
- ☐ The following defect, disease, or disability (include any prescription drugs taken):

MEDICAL EXAMINER'S NAME AND RANK  <div style="background-color: #cccccc; width: 100px; height: 20px; margin-top: 10px;"></div>	SIGNATURE  <div style="background-color: #cccccc; width: 150px; height: 20px; margin-top: 10px;"></div>	DATE  <div style="background-color: #cccccc; width: 50px; height: 20px; margin-top: 10px;"></div>
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